WEST VIRGINIA Department of Health & Human Resources

Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability

Expanded School Mental Health

Proposal Guidance and Instructions

AFA Title: Expanded School Mental Health
Targeting Region: Statewide
AFA Number: AFA 10-2016-CMH

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:
DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	February 1, 2016
TECHNICAL ASSISTANCE MEETING:	February 16, 2016 more details to follow
Application Deadline:	March 18, 2016 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	March 25, 2016
Funding Amount Available:	Not to exceed $1,300,000.00 ($30,000.00 per school, plus local match)

The following are requirements for the submission of proposals to the BBHHF:

- Responses must be submitted using the required Proposal Template available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx

- Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with "Proposal for Funding" in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.

- A Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHHF/AFA. This statement must be signed by the agency's CEO, CFO, and Project Officer and attached to the Proposal Template.

- To request additional Technical Assistance forward all inquiries via email to DHHRBHHFAnnouncement@wv.gov and include "Proposal Technical Assistance" in the subject line.

FUNDING AVAILABLITY

This funding announcement is part of a statewide plan to expand behavioral health services to children and their families through the **Expanded School Mental Health (ESMH)** model. ESMH recognizes the critical link between social and emotional well-being and academic success. ESMH is a framework for programs and services that encourages schools to enhance their own practices, as well as engage with external community resources to address the full continuum of mental health services for all students

This funding recommendation was made possible by state general revenue funds with the availability of a maximum of $30,000.00 per school per year from the time of grant award. For awards starting prior to July 1, 2016 the amounts will be prorated and added to the full funding of 30K that will be available for the July 1, 2016 through June 30, 2017 grant period.

Funding is designated for 1) the development of a strategic plan for implementing an ESMH service delivery model and 2) demonstration of plan implementation and outcomes.

Grants will cover expenses related to planning and implementation of services and may include:

- Subsidy or stipend for both school staff and behavioral health staff time dedicated to the project for support activities not otherwise reimbursable, including on-going planning and coordination of multi-tiered services across the full continuum of mental health services to serve all students, and consultation to support best practice individual student and school wide interventions to improve social-emotional wellbeing, behavioral outcomes, and academic success;
- Meeting related expenses, e.g. supplies, copies; conference calls; and travel to training/technical assistance meetings;
- Purchase of evidence based/best practice programs/curricula.

Applicants must secure a minimum of 33% (or $10,000.00) match funding from the applicable county school system per year.

Funding for Expanded School Mental Health Services is limited to schools which do not currently have a BBHHF Expanded School Mental Health (ESMH) implementation grant. Funding will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding availability for this AFA is as follows:

STATEWIDE	**$1,300,000.00 ($30,000.00 per school, plus local match)**

Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities (BBHHF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Within the Bureau, the Programs and Policy Section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. Emphasis is placed on function rather than disability, and improving planning and cooperation between facility and community-based services. Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health, Division of Intellectual and Developmental Disabilities, and the Office of Consumer Affairs and Community Outreach.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

Behavioral Health System Goals	
Priority 1 *Assessment and Planning*	*Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.*
Priority 2 *Capacity*	*Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.*
Priority 3 *Implementation*	*Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.*
Priority 4 Sustainability	*Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.*

Section Two: **FINANCIAL, LEGAL, & PROGRAMMATIC DESCRIPTION**

The Mission of the West Virginia Department of Health and Human Resources is to promote and provide appropriate health and human services for the people of West Virginia, in order to improve their quality of life. There is increasing concern about the growing number of children and adolescents who experience difficulties associated with social and emotional disturbances. According to the Center for Mental Health in Schools, the prevalence of clinically significant emotional and behavioral disabilities among young children ranges from 4% to 10%, with significantly higher estimates for low-income children. In very young children, these behaviors can be severe enough to warrant their removal from pre-school.

- 14 -20% of youth experience a mental, emotional or behavioral disorder each year but less than half receive treatment.[1]
- The impact of mental health and substance use in West Virginia totaled more than $3.5 billion in 2006 - 6.7% of the State's gross domestic product.[2]
- In West Virginia, 40-60 children under age 12 are placed in residential facilities each year at a cost of about $4 million.[3]
- Mental health conditions are the costliest childhood conditions. Average Medicaid expenditures are five times higher than for Medicaid children in general.[4]
- In the juvenile court system 50-75% of incarcerated youth have diagnosable mental health conditions.[5]

Unmet mental health needs in children and adolescents can cause negative and oftentimes tragic long-term consequences. Some of these consequences include dropping out of school, substance use disorders, a lack of vocational success, an inability to live and function independently, health problems, and, in extreme circumstances, suicide.[6] In response, the practice of school-based mental health has taken on a much broader meaning, with an increasing emphasis on the host of possibilities that schools provide for clinicians, teachers, administrators, students, families, community behavioral health and other community-based organizations to collaborate in promoting the overall well-being of all students.

The term "Expanded School Mental Health" (ESMH) refers to programs that build on the core services typically provided by a school. ESMH also reflects a model recommended by the 2003 President's New Freedom Commission Report. ESMH recognizes the critical link between social and emotional well-being and academic success. ESMH is a framework for programs and services that encourages schools to enhance their own practices as well as engage with external community resources to address the full continuum of mental

health services for all students: assessment; education; promotion/prevention; early intervention; intervention and treatment.

Why expanded school mental health?

- ESMH is linked to improved student outcomes: academic achievement, attendance, behaviors, high school completion rates and college and career readiness.[7]
- ESMH reduces the need for out-of-school services and placements by increasing access to community services and supports. [8]
- Half of all adult mental health disorders start by age 14, making schools the best source for early identification and intervention.[9]
- Preventing one student with a serious emotional disturbance dropping out of school translates into cost savings of $41,369.[10]
- Several studies have documented decreased costs in health and social services when children with serious emotional disturbance receive effective community based care.[11]
- A 5% increase in WV's high school graduation rate for males could save $100 million each year in crime related costs.[12]

In 2008, the BBHHF and the West Virginia Department of Education (WVDE) began a significant partnership to improve and increase access to behavioral health services. The two agencies formalized an ESMH Steering Team to include multi-system partners whose mission is to strengthen, improve and develop ESMH services and programs for West Virginia students. Since that time, BBHHF has funded five entities to implement ESMH in twelve schools in seven counties. After two years of full implementation, those schools have documented improved behavior and attendance, improved mental health status and reduced involvement with the juvenile justice system. The WVDE revised and implemented several programs and policies to be consistent with best practices in ESMH, including WVBE Policies 4373, 2315, 2510; WVDE Early Warning System, Community Schools, Innovation Zones.

Expanded School Mental Health: A System of Care Approach

The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services, increasing access to services, and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with serious emotional disturbances and their families. West Virginia adopted the System of Care values over 20 years ago, and since that time, much work has been done to instill these values into practice. The Expanded School Mental Health model is consistent with this System of Care approach.

Key Values and Principles of the WV System of Care:

- Services are family driven and youth guided, with strengths and needs determining the types and mix of services and supports provided.
- Services are community-based, with locus of services, as well as system management, within a supportive, adaptive infrastructure of relationships at the community level.
- Services are culturally and linguistically competent, with agencies, programs and services that reflect the cultural, racial, ethnic, and linguistic differences of the population they serve to facilitate access to appropriate services and supports.
- Services are individualized, trauma-informed and developmentally appropriate.
- Services are integrated and coordinated and delivered in the most integrated and most normative environments.

Values and Principles of Expanded School Mental Health:

- Social well-being is critical to school success.
- School mental health programs are a shared responsibility of health and mental health agencies, schools, parents and the community at large.
- SMH programs should be strengths- based, student and family-centered, developmentally and culturally sensitive.
- Families, teachers, students and other important groups should be actively engaged in the program's development, oversight, evaluation, policy and continuous improvement.
- All students will have access to the full continuum of school mental health services and supports regardless of ability to pay.
- Coordination and collaboration with other systems of care, both outside and within the school, is essential.
- Programs and services should focus on a positive school climate, reducing barriers to development and learning, and be based on evidence of positive impact.
- Quality assessment and improvement activities continually guide and provide feedback to the program.
- Staff hold to high ethical standards, are committed to children, adolescents, and families, and display an energetic, flexible, responsive, and proactive style in delivering services.

[1] *The Impact of School Mental Health: Education Social, Emotional, Behavioral Outcomes.* (2013). Retrieved from Center for School Mental Health. University of Maryland, http://csmh.umaryland.edu/Resources/Reports/CSMH%20SMH%20Impact%20Summary%20July%202013.pdf.

[2] *Realizing Our Potential*, WV Comprehensive Behavioral Health Commission, Nov. 2008, http://wvcbhc.org/archives.htm#reports

[3] Rishel, C., Morris, T, Colyer, C. Gurley-Calvez, T. (2014).*Preventing the residential placement of young children: A multidisciplinary investigation of challenges and opportunities in a rural state*. Children and Youth Services Review, 37,9-14

[4] *Faces of Medicaid Webinar.* (2013, Nov). Retrieved from Center for Health Care Strategies, Inc: http://www.chcs.org/usr_doc/FACES_Webinar_Nov_2013_Final_rev.pdf

[5] *Mental Health Needs of Youth and Young Offenders*, Coalition for Juvenile Justice, http://www.juvjustice.org

[6] *The National Institute for Healthcare Management Research and Education Foundation. ·Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders. NHCM Foundation issue Paper. February 2005.*

[7] *The Impact of School Mental Health: Education,op.cit*

[8] Ibid.

[9] Rishel,et al.

[10] Stroul, B. P. (2014). *Return on investment in systems of care for children with behavioral health challenges.* Georgetown University, Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health, Washington, D.C. Retrieved from http://gucchdtacenter.georgetown.edu/index/html

[11] Ibid.

[12] Charleston Gazette, September 17, 2013

Section Three: **SERVICE DESCRIPTION**

Expanded School Mental Health Planning and Implementation Grant

Target Population(s): West Virginia school-aged children and their families

Purpose

The Bureau for Behavioral Health and Health Facilities (BBHHF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. The Bureau invites communities to apply for competitive grants to support planning and development of effective and sustainable school mental health services for students. The Expanded School Mental Health (ESMH) planning and implementation grants will provide funding and technical assistance for school – community partnerships to develop policies, programs, and practices to improve access to high quality coordinated school mental health services and supports. **A strong collaborative approach is essential to ensure planning and coordination of integrated services.**

BBHHF's purpose for promoting and growing the Expanded School Mental Health Model in West Virginia is to:

1. Provide access to high-quality services that promote optimal social-emotional health and academic success for children and their families;
2. Ensure that the mental health needs of children and adolescents are identified early and addressed in a competent manner;
3. Create and support an integrated network of providers that promotes access to comprehensive, data-driven services;
4. Provide advocacy and leadership to align resources, programs and policy related to behavioral health services in schools.

Service Overview

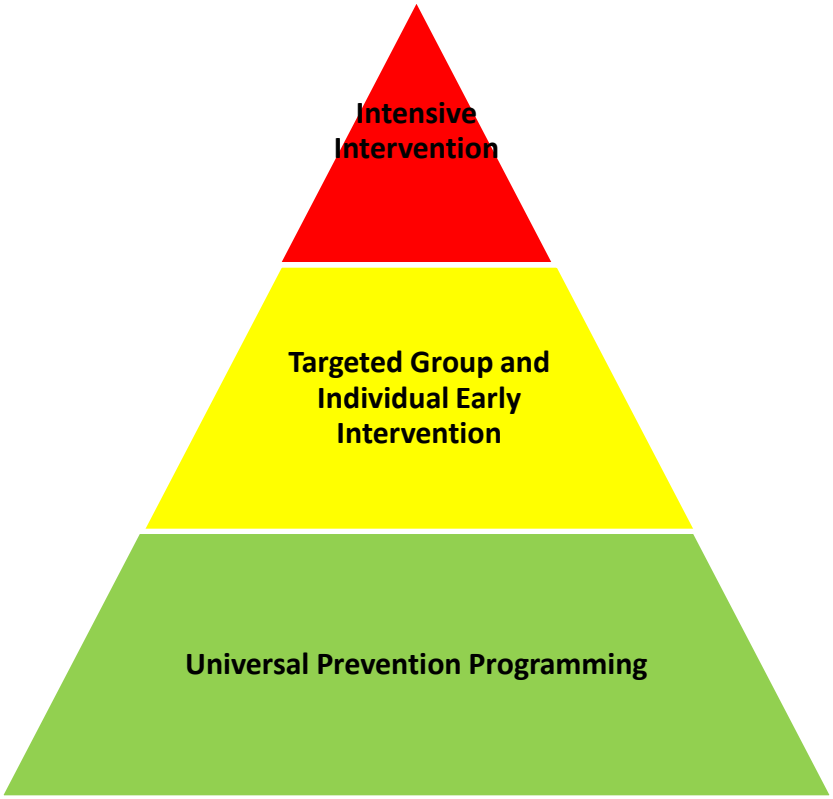
Geographic Focus: The service will be implemented in schools that demonstrate "need" and "readiness" for ESMH implementation.

Description of Services:

The Expanded School Mental Health (ESMH) Services model augments the standard services provided in schools by emphasizing shared responsibility, involving community mental health agencies and being committed to the full continuum of mental health services, including assessment, prevention, early intervention and treatment. ESMH Services include three "tiers" of programming that engage both the

academic and behavioral health systems. To be considered a successful ESMH site, services and programming at all three tiers must be available to students.

- Tier One, **Universal Prevention Programming**, is preventive, proactive, includes all students and offers school-wide academic assessments and primary prevention programs (e.g., safe school, suicide prevention, drug abuse prevention, anti-bullying, study skills and other academic skill builders);
- Tier Two, **Targeted Group and Individual Early Intervention**, embraces at risk students and includes referral services, rapid response capability, study groups, tutoring, mentoring, after school programs, small group interventions to address anger, social skills, substance abuse and other needs, as well as some individual supportive services;
- Tier Three, **Intensive Intervention**, is intended for students who have more needs and require intensive individual interventions.



Collaborative planning and coordination is the foundation for effective school community partnerships and is essential for successful ESMH services and programs. Key partners include school counselor(s), psychologist(s), nurses, and the principal or representative of the local education agency (LEA); the School Assistance Team (SAT); Community behavioral health agency(ies) and other key child-serving agencies within the community, to include child welfare and juvenile services, School Based Health

Center where applicable; Parents/youth, Regional Education Service Agencies (RESA)/Regional School Wellness Specialists, and BBHHF funded Prevention Organizations.

Additionally, the program must have co-leadership between the Local Education Agency (LEA) and a local licensed behavioral health agency in order to achieve effective coordination and integration. Responsibilities of the co-leaders include:

- Coordinating leadership team meetings to guide implementation and evaluation
- Arranging for meeting room space
- Maintaining minutes of meetings
- Setting agendas for meetings
- Facilitating and maintaining communication between and among members
- Serving as liaison to the BBHHF and the ESMH technical assistance team
- Participating in regular technical assistance calls with BBHHF and the technical assistance team
- Completion of needs assessment to determine what, where and when services will be provided for each ESMH tier: Proposed School(s), County(s), Days per week (per school) and Hours of staff availability (per school)
- Determining the number of students projected to be served per ESMH tier (universal prevention/promotion, early/targeted intervention and intensive intervention) in each targeted school(s)

Successful ESMH programs:

1. Establish a detailed and comprehensive Memorandum of Understanding (MOU) between School/County Board of Education (BOE) and Community Behavioral Health Providers, outlining roles, expectations and a shared vision for ESMH integration and collaboration.

2. Collaborate with other stakeholders to clearly identify protocols on implementing services in each of the three tiers.

3. Develop written protocols and processes that demonstrate integration of the West Virginia System of Care (WVSOC) and ESMH values and principles.

4. Develop written protocols and processes that define:
    a. How students receiving Tiers Two and Three services will be identified, referred and tracked.
    b. How students will be tracked and transition within/between all tiers of intervention.
    c. How staff will address student and family crises.
    d. How student needs will be met during summer months.

5. Define roles and processes for integrating and coordinating with existing school programs such as: Student Assistance Team (SAT), Professional Learning Community (PLC), School Improvement Teams (SIT), School Counselors, etc.

6. Define the process to determine the priority issue(s) that require Tier Two interventions.

7. Implement a valid, reliable screening/assessment to identify students for Tier Two and Tier Three. (Assessments must include suicide and substance abuse).

8. Complete a Strengths & Difficulties Questionnaire (SDQ) to be completed for students beginning with Tier Three services, with follow up SDQs completed at six (6) month intervals after services begin and/or upon discharge, if a student leaves services prior to follow up.

9. Provide consultation or ongoing staff development with designated school personnel on behavioral health issues and/or child development.

10. Facilitate ESMH leadership team monthly.

11. Implement at least two school-wide, evidenced based/promising practice programs in Tier One (Universal Prevention Program) and at least two Tier Two (Targeted Group & Individual) evidenced based/promising practice programs per each funded school.

Collaborative planning and coordination is the foundation for effective school community partnerships and is essential for successful ESMH services and programs. The program must have co-leadership between the LEA and a local licensed behavioral health agency in order to achieve effective coordination and integration, as well as buy-in and commitment from families and staff of partner organizations. This takes time. It is anticipated that the ESMH Planning phase will take at least six months and must be demonstrated by the following performance measures before a grantee will be approved to invoice for implementation funding.

Planning Phase Performance Measures:

- Leadership Team Formed
- Leadership Team meeting on a regular (monthly) basis
- Vision and Mission Statement for ESMH
- Target School(s) identified
- Mental Health Planning and Evaluation Template (MHPET) completed
- Assessment(s)
- Needs/Priorities Identified (from assessments)
- Measurable goals for the target school
- Universal prevention program(s) identified
- MOU between school, and mental health agency
- Family members on steering team
- Documentation of minutes of steering team meetings.

A data collection tool and process related to the Expected Outcomes/Performance Measures will be available to grantees on the BBHHF website. Data are to be submitted within 25 calendar days of the end of each month in accordance with applicable BBHHF Data Reporting guidance on the website.

Section Four: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by the BBHHF staff for administrative compliance, service need, and feasibility. A review team, independent of BBHHF will review the full proposals. Proposals must contain the following components:

- A completed Proposal for Funding Application, available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx.

- A Proposal Narrative consisting of the following sections: Statement of Need and Population of Focus, Proposed Evidence-based Service/Practice, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.

- Together these sections may not exceed **fifteen (15**) total pages. Applicants must use 12 point Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

- The following is an outline of the Proposal Narrative content:

  - ✓ Statement of Need and Population of Focus: Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area and schools to be served to include specific Region/county(es) and existing service gaps.

  - ✓ Proposed Evidence-Based Service/Practice: Delineates the program/service being proposed and sets forth the goals and objectives for the proposed service(s) and list all evidenced-based practices (EBPs) that will be used. Applicants should also describe how services/interventions will be trauma informed and support the key principles of the West Virginia System of Care.

  - ✓ Proposed Implementation Approach: This section should describe how the Applicant intends to implement the proposed service(s) to include:

    - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one (1) year/ twelve (12) month timeline for these activities. Include planning/development, training/consultation, implementation, and data management.
    - A description of program sustainability, including how alternative funding sources within education (e.g., Title 1) and behavioral health will be exhausted. Grantee must seek reimbursement from any and all third party administrators or coverage providers including but not limited to: private insurance; Medicaid and the Children's Health Insurance Program (CHIP).
    - Identification of the local Leadership Team (for each school), composed of the following key partners.

- Local education agency (LEA): school counselor(s), psychologist(s), nurse, School Assistance Team, and/or the principal or representative
- The Community behavioral health agency(ies) and other key child-serving agencies within the community, to include child welfare and juvenile services;
- School Based Health Center where applicable;
- Parents/youth (Parents may not be employees of the LEA or lead licensed behavioral health agency);
- Regional Education Service Agencies (RESA)/Regional School Wellness Specialists;
- BBHHF funded Prevention Organization.

- The anticipated number of students to impacted annually.

✓ Staff and Organization Experience: Describes the Applicant's existing capacity to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

✓ Data Collection and Performance Measurement: Describes the information/data the Applicant plans to collect, as well as their process for: using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population.

✓ References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list does **not** count towards the **fifteen (15) page** limit.

The attachments **do not** count toward the **fifteen (15) page** limit.

- Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s).

  ✓ Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx

  ✓ Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBHHF Fiscal form.

- Attachment 2: Applicant Organization's Valid WV Business License

- Attachment 3: Letter of Intent must be submitted with the application to document agreement between the licensed community behavioral health and local educational organizations. Please list full partner information, including agency name, address, phone, key contact person and email address. The Letter of Intent must outline the commitment to

planning and eventual implementation of ESMH programming.

Section Five: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Expected Outcomes:

1. Establish a detailed and comprehensive Memorandum of Understanding (MOU) between School/County Board of Education (BOE) and Community Behavioral Health Providers, outlining roles, expectations and a shared vision for ESMH integration and collaboration.

2. Form and regularly convene a local Leadership Team (for each school).

3. Establish written protocols and processes that demonstrate integration of the West Virginia System of Care (WVSOC) and ESMH values and principles.

4. Define the process to determine the priority issue(s) that require Tier Two interventions.

5. Establish written protocols to guide implementation of services in each of the three tiers, including but not limited to:
   a. How students receiving Tiers Two and Three services will be identified, referred and tracked (Assessments must include suicide and substance abuse).
   b. How staff will address student and family crises.
   c. How student needs will be met during summer months.

6. Define roles and processes for integrating and coordinating with existing school programs, such as: Student Assistance Team (SAT), Professional Learning Community (PLC), School Improvement Teams (SIT), School Counselors, etc.

7. Complete a Strengths & Difficulties Questionnaire (SDQ) to be completed for students beginning with Tier Three services, with follow up SDQs completed at six (6) month intervals after services begin and/or upon discharge, if a student leaves services prior to follow up.

8. Provide consultation or ongoing staff development with designated school personnel on behavioral health issues and/or child development.

9. Facilitate ESMH leadership team monthly.

11. Implement at least two school-wide evidenced based/promising practice programs in Tier One (Universal Prevention Program), and at least two Tier Two (Targeted Group & Individual) evidenced based/promising practice programs per each funded school.

Section Six: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

START UP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate "startup" target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHHF will contact the applicant organization and arrange a meeting to discuss remedial action.

FUNDING REIMBURSEMENT

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

REGIONS IN WEST VIRGINIA

The WV Bureau for Behavioral Health and Facilities utilizes a six (6) Region approach:

Region 1: Brooke, Hancock, Marshall, Ohio, and Wetzel Counties

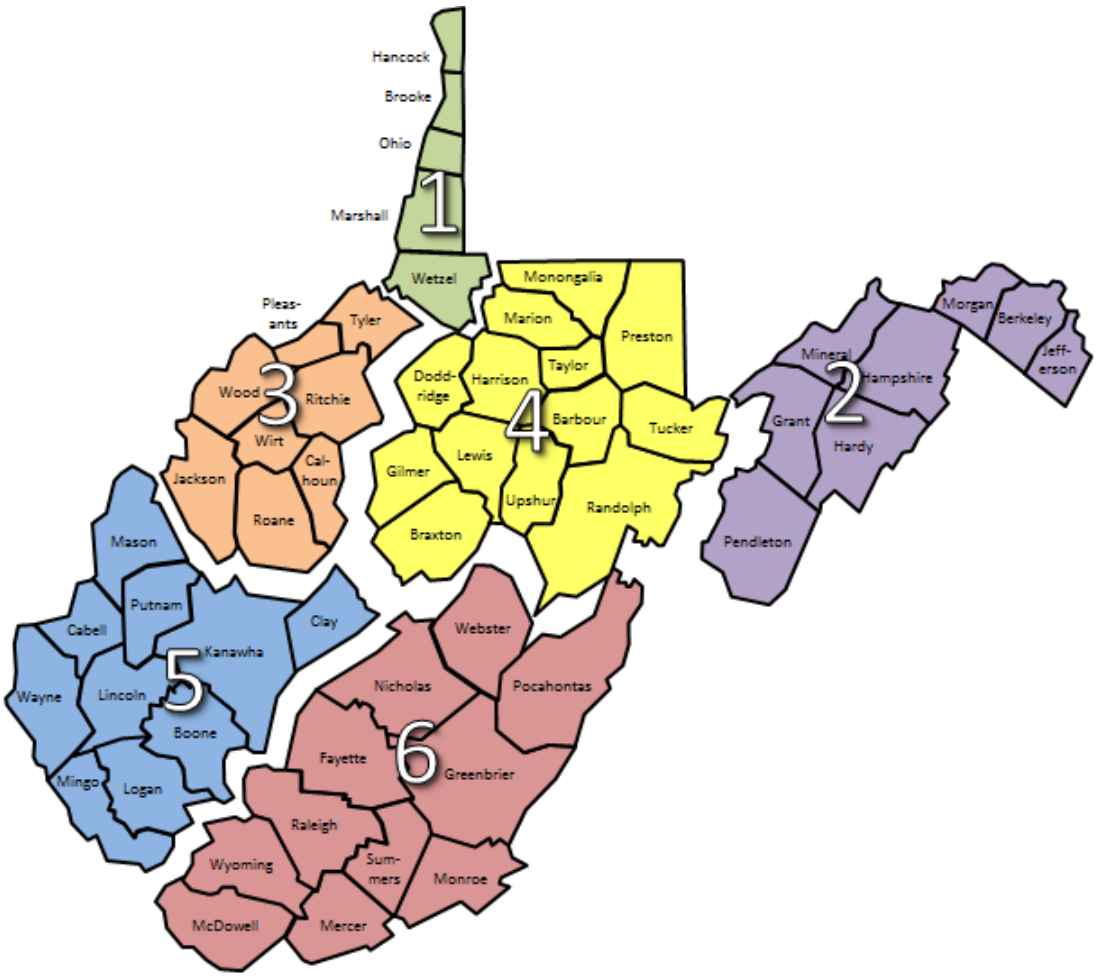
Region 2: Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, and Pendleton Counties

Region 3: Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood Counties

Region 4: Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, and Upshur Counties

Region 5: Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, and Wayne Counties

Region 6: Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming Counties



Other Financial Information

Allowable Costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-Federal entities under Federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state-appropriated dollars or a combination of both.

Grantee Uniform Administrative Regulations, (Cost Principles, and Audit Requirements for Federal Awards):

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for Federal awards to non-Federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing Federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state appropriated dollars or a combination of both.